

<i>SERFF Tracking Number:</i>	<i>FNWW-126118731</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers New World Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42162</i>
<i>Company Tracking Number:</i>	<i>AD CONFIRMATION LETTER</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>AD Confirmation Letter</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: AD Confirmation Letter

SERFF Tr Num: FNWW-126118731

State: ArkansasLH

TOI: H02I Individual Health - Accident Only

SERFF Status: Closed

State Tr Num: 42162

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: AD CONFIRMATION LETTER

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Christine Andreason

Disposition Date: 05/14/2009

Date Submitted: 04/20/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/14/2009

Explanation for Other Group Market Type:

State Status Changed: 05/14/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing a "Confirmation Letter", for an Accidental Death Benefit, Freestanding contract.

We are filing this letter since it confirms a Policy Date which may different than the date in the contract, and as such, is legally binding.

SERFF Tracking Number: FNWW-126118731 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 42162  
Company Tracking Number: AD CONFIRMATION LETTER  
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
Product Name: AD Confirmation Letter  
Project Name/Number: /

We indicate in the letter that this letter should be attached to the contract.

I am attaching the AD Contract as supporting Documentation. It was previously approved in your state.

## Company and Contact

### Filing Contact Information

Christine Andreason, Contract Specialist christine\_andreason@farmersinsurance.com  
3003 77th Ave SE (206) 275-8084 [Phone]  
Mercer Island, WA 98040 (206) 236-6526[FAX]

### Filing Company Information

Farmers New World Life Insurance Company	CoCode: 63177	State of Domicile: Washington
3003 77th Avenue S.E.	Group Code: 212	Company Type: Life
Mercer Island, WA 98040	Group Name:	State ID Number:
(206) 275-8131 ext. [Phone]	FEIN Number: 91-0335750	
	-----	

## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$20.00	04/20/2009	27283661

SERFF Tracking Number: FNWW-126118731 State: Arkansas  
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TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
Product Name: AD Confirmation Letter  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/14/2009	05/14/2009

*SERFF Tracking Number:*      *FNWW-126118731*                      *State:*                      *Arkansas*  
*Filing Company:*              *Farmers New World Life Insurance Company*      *State Tracking Number:*      *42162*  
*Company Tracking Number:*      *AD CONFIRMATION LETTER*  
*TOI:*                      *H021 Individual Health - Accident Only*      *Sub-TOI:*                      *H021.000 Health - Accident Only*  
*Product Name:*              *AD Confirmation Letter*  
*Project Name/Number:*      /

## **Disposition**

Disposition Date: 05/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FNWW-126118731 State: Arkansas

Filing Company: Farmers New World Life Insurance Company State Tracking Number: 42162

Company Tracking Number: AD CONFIRMATION LETTER

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: AD Confirmation Letter

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Confirmation Letter Variabilities numbered	Approved-Closed	Yes
Supporting Document	Accidental Death Contract	Approved-Closed	Yes
Form	Confirmation Letter	Approved-Closed	Yes

SERFF Tracking Number: FNWW-126118731 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 42162  
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TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
Product Name: AD Confirmation Letter  
Project Name/Number: /

## Form Schedule

**Lead Form Number:** SAD8001

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	SAD8001	Other	Confirmation Letter	Initial		77	SAD8001 Confirmation Letter .pdf



**FARMERS**  
LIFE INSURANCE

**Farmers New World Life Insurance Company**  
*Accidental Death Insurance policies administered by:*  
*Direct Response Insurance Administrative Services, Inc.*  
*[P.O. Box 96, Minneapolis, MN 55440-0096]*  
*Accidental Death Customer Service Phone: [(866)599-6003]*

[Date]

[Sample A. Sample  
1234 Any Street  
Anytown, USA 12345-1234]

Re: Effective Date Change Amendment  
[Z88-1234567, Sample A. Sample]

Dear [Sample A. Sample]:

The request to continue your free Accidental Death coverage has been processed.

The Farmers New World Life Insurance Company policy we recently sent you [(Z88-1234567)] is being continued. However, since we did not receive your Authorization Form until after the requested deadline date, your coverage will continue effective [xx/xx/xxxx] instead of the Effective Date stated on your policy contract. Please attach this letter to your policy to indicate your new effective date. The premium for your policy will now be deducted automatically from your bank account each month as requested, starting on [xx/xx/xxxx].

Your Accidental Death policy contains the following features:

- \$[100,000] lump sum death benefit for death due to a covered accident.
- Guaranteed coverage to age 80 (benefits start to reduce at age 65).
- Low monthly premium of just \$8.00. Guaranteed never to increase!

If you have any questions about this coverage, please call us toll-free at [1-866-599-6003] between 8:00 A.M. and 7:00 P.M., Central Time, Monday – Friday. Please call this same number if you change your address or bank account, or if you would like to change the owner or beneficiary of your policy.

Please note that Accidental Death Coverage does not provide the same benefits as Life insurance\*. Farmers New World Life Insurance Company also offers Life insurance for both you and members of your family at competitive rates. Call your Farmers agent now to set up an appointment for a free consultation and quote.

We are pleased that once again you have selected Farmers to meet your insurance needs.

Sincerely,

Richard H. Votel  
Accidental Death Benefit Policies Service Office

**P.S. Don't forget, your policy is a valuable legal document and should be placed in a safe location.**

\*Life insurance issued by Farmers New World Life Insurance Company, Mercer Island WA 98040

SAD8001

<i>SERFF Tracking Number:</i>	<i>FNWW-126118731</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Farmers New World Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42162</i>
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<i>Product Name:</i>	<i>AD Confirmation Letter</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Rate Information**

Rate data does NOT apply to filing.



SERFF Tracking Number: FNWW-126118731 State: Arkansas  
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 42162  
 Company Tracking Number: AD CONFIRMATION LETTER  
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
 Product Name: AD Confirmation Letter  
 Project Name/Number: /

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	05/14/2009
<b>Comments:</b>				
<b>Attachments:</b>				
	AR Certificate.pdf			
	AR Flesch Score.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	05/14/2009
<b>Bypass Reason:</b>	No Application is used for this offer.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	05/14/2009
<b>Bypass Reason:</b>	This is not needed as this is a filing of a confirmation letter only.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	05/14/2009
<b>Bypass Reason:</b>	Not needed as this is a filing of a letter only.			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Statement of Variability	<b>Review Status:</b>	Approved-Closed	05/14/2009
<b>Comments:</b>				
<b>Attachment:</b>				
	Statement of Variability.pdf			
<b>Satisfied -Name:</b>	Confirmation Letter Variabilities numbered	<b>Review Status:</b>	Approved-Closed	05/14/2009
<b>Comments:</b>				

*SERFF Tracking Number:*      *FNWW-126118731*      *State:*      *Arkansas*  
*Filing Company:*      *Farmers New World Life Insurance Company*      *State Tracking Number:*      *42162*  
*Company Tracking Number:*      *AD CONFIRMATION LETTER*  
*TOI:*      *H021 Individual Health - Accident Only*      *Sub-TOI:*      *H021.000 Health - Accident Only*  
*Product Name:*      *AD Confirmation Letter*  
*Project Name/Number:*      */*

Each Variability is numbered to correspond with the Statement of Variability.

**Attachment:**

SAD8001 Variability numbered.pdf

SERFF Tracking Number: FNWW-126118731 State: Arkansas  
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 42162  
Company Tracking Number: AD CONFIRMATION LETTER  
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only  
Product Name: AD Confirmation Letter  
Project Name/Number: /

**Review Status:**

**Satisfied -Name:** Accidental Death Contract Approved-Closed 05/14/2009

**Comments:**

This is the contract we are offering, which has been previously approved in your state.

**Attachment:**

Standard.pdf

**ARKANSAS  
Certification**


The undersigned certifies that to the best of his knowledge, information, and belief, the guidelines in Arkansas Bulletin No. 11-83 have been reviewed and that the following forms are in compliance with these guidelines.

The undersigned certifies that to the best of his knowledge, information and belief, Rule and Regulation 19 has been reviewed and that the following forms are in compliance with this Rule.

Form Number:  
SAD8001

Form:  
Confirmation Letter

**Farmers New World Life Insurance Company**

By: 

Ryan Larson  
Title: Vice President and Chief Actuary

Date: April 20, 2009

**ARKANSAS  
Readability Certificate**

The undersigned certifies as follows:

The Flesch Score of the enclosed form is:

Form Number:	Form:	Flesch Score:
SAD8001	Confirmation Letter	77

The form complies with the requirements of Arkansas Stat. Ann.66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Farmers New World Life Insurance Company



By:

Ryan Larson  
Title: Vice President and Chief Actuary

Date: April 20, 2009

## **Statement of Variability**

Form SAD8001

1. Bracketed if the address of the Direct Response Administration changes and if we assign a different phone number.
2. Name and Address of the proposed insured.
3. Contract number per state.
4. Name of proposed insured.
5. Contract form number.
6. Actual effective date.
7. Date we will withdraw the premium from the insured's account.
8. Amount of Death Benefit.
9. Customer Service phone number. Bracketed if we need to change it.



**FARMERS**  
LIFE INSURANCE

Farmers New World Life Insurance Company  
Accidental Death Insurance policies administered by:  
Direct Response Insurance Administrative Services, Inc.  
<sup>1</sup>[P.O. Box 96, Minneapolis, MN 55440-0096]  
Accidental Death Customer Service Phone: [(866)599-6003]

[Date]

[<sup>2</sup>Sample A. Sample  
1234 Any Street  
Anytown, USA 12345-1234]

Re: Effective Date Change Amendment  
[<sup>3</sup>Z88-1234567, Sample A. Sample]

Dear [<sup>4</sup>Sample A. Sample]:

The request to continue your free Accidental Death coverage has been processed.

The Farmers New World Life Insurance Company policy we recently sent you [<sup>5</sup>(Z88-1234567)] is being continued. However, since we did not receive your Authorization Form until after the requested deadline date, your coverage will continue effective [<sup>6</sup>xx/xx/xxxx] instead of the Effective Date stated on your policy contract. Please attach this letter to your policy to indicate your new effective date. The premium for your policy will now be deducted automatically from your bank account each month as requested, starting on [<sup>7</sup>xx/xx/xxxx].

Your Accidental Death policy contains the following features:

- \$[<sup>8</sup>100,000] lump sum death benefit for death due to a covered accident.
- Guaranteed coverage to age 80 (benefits start to reduce at age 65).
- Low monthly premium of just \$8.00. Guaranteed never to increase!

If you have any questions about this coverage, please call us toll-free at [<sup>9</sup>1-866-599-6003] between 8:00 A.M. and 7:00 P.M., Central Time, Monday – Friday. Please call this same number if you change your address or bank account, or if you would like to change the owner or beneficiary of your policy.

Please note that Accidental Death Coverage does not provide the same benefits as Life insurance\*. Farmers New World Life Insurance Company also offers Life insurance for both you and members of your family at competitive rates. Call your Farmers agent now to set up an appointment for a free consultation and quote.

We are pleased that once again you have selected Farmers to meet your insurance needs.

Sincerely,

Richard H. Votel  
Accidental Death Benefit Policies Service Office

**P.S. Don't forget, your policy is a valuable legal document and should be placed in a safe location.**

\*Life insurance issued by Farmers New World Life Insurance Company, Mercer Island WA 98040

SAD8001

ACCIDENTAL DEATH  
INSURANCE POLICY

Farmers New World Life Insurance Company  
Mercer Island, WA  
(a stock company)

This policy is guaranteed renewable until age 80.

POLICY OWNER: MARY A. SAMPLE

SCHEDULE

INSURED: Mary A. Sample  
INSURED’S DATE OF BIRTH: 05/10/59  
POLICY NO.: L99999999

— SCHEDULE OF ACCIDENTAL DEATH BENEFITS —

INSURED’S ATTAINED AGE	INSURED BENEFIT
UNDER 65	\$ 100,000.00
65-69	\$ 75,000.00
70-74	\$ 50,000.00
75-79	\$ 25,000.00
80 AND OVER	\$ .00

PREMIUM: \$0.00/Month  
EFFECTIVE DATE: May 1, 2008

COVERAGE WILL TAKE EFFECT ON DATE SPECIFIED  
ONLY IF COMPLETED AUTHORIZATION HAS BEEN RECEIVED  
BY FARMERS NEW WORLD LIFE INSURANCE COMPANY

This is an accidental death only policy. No benefits are paid for a loss from sickness.  
It is a legal contract between you, the Policy Owner, and us, Farmers New World Life Insurance Company.  
We agree to pay to the beneficiary the benefits of this policy according to its provisions.

Notice of 30 Day Right to Examine Policy

You may return this policy within 30 days from the date you receive it. The policy will then become void from the beginning and any premium paid will be refunded to you.

Signed at our Home Office  
Farmers New World Life Insurance Company



C. Paul Patsis  
President





John R. Patton  
Secretary

2001-ADB-I

General Provisions

**Effective Date:** This policy and the insurance provided by it become effective at 12:01 A.M. Pacific Time on the Effective Date shown in the Schedule, provided the necessary premiums have been paid.

**Right to Renew:** Subject to the provisions in the Termination of Coverage section, this policy is renewable at your option subject to the payment of premiums when due.

**Covered Persons:** The “Insured” means the person named as the Insured in the Schedule.

**Attained Age:** The sum of the Insured’s age on the Effective Date plus the number of complete years since the Effective Date.

**Payment:** The first premium is due on the Effective Date. Renewal premiums are payable in advance of their respective due dates. Your monthly renewal

premiums will be deducted automatically from your bank account. Direct bills for any other payment interval will be mailed to you prior to the due date.

**Grace Period:** A grace period of 31 days will be allowed for the payment of each premium after the first premium has been received. Coverage will continue in force during this period.

**Reinstatement:** If a premium due is not paid by the end of the grace period, this policy will lapse. You may reinstate this policy while the Insured is alive any time within 5 years after any premium is overdue. The coverage will be reinstated on the date we accept the premium. There will be no coverage in force from the end of the grace period until the date the policy is reinstated.

(continued on reverse)

2001-ADB-I

Date: 12/5/07	Size: 8-3/8" x 14"	<input type="checkbox"/> OK	ReMark
Product: FNW26 - AD to AUTO	File Set @: 100%	<input type="checkbox"/> OK WITH CORRECTIONS	
Component: Initial Schedule/Policy Form General States "I"	Colors: PMS 485 Red, 280 Blue, Black		
Mail States: AL,AR,CO,IA,IN,MI,NE,OH,WY	Paper Stock: White Offset, 60#		
		Signature	Date
PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE			



**Beneficiary:** The Beneficiary is as shown in the application, or on any later change notice. While the Insured is living, you may change the Beneficiary by written notice satisfactory to us. After we have recorded the change, it becomes effective on the date you sign it, subject to any payments we may have made or actions we may have taken before we recorded it.

You may designate more than one Beneficiary and may designate what percentage of the policy benefits is to be paid to each Beneficiary. If not designated, policy benefits will be split into equal shares. If a Beneficiary dies before the Insured, the benefit will be paid to the remaining Beneficiaries if any. If no Beneficiaries are alive at the time of the Insured's death or if no valid Beneficiary has been designated, then the benefit will be paid to the estate of the Insured. Payment of the benefit to the administrator or executor of the estate of the Insured or any other person deemed by us to be the representative of the Insured will relieve us of any further liability for payment under this policy.

**Misstatement of Age:** If the age of a covered person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. If, due to such misstatement, we accept a premium for a period when coverage would not normally have been effective, then our liability for such period shall be limited to a refund of all premiums paid for coverage of such period.

**Benefit**

When we receive due proof that the Insured has died, we will pay the Accidental Death Benefit amount shown in the Schedule provided that:

- 1. Death occurs as the direct result of an accidental bodily injury, independent of all other causes;
- 2. The accident causing the injury occurs while this policy is in force;
- 3. Death occurs within 90 days of the accident; and
- 4. Death occurs before the Insured reaches attained age 80.

The amount of the benefit payable will be the amount shown on the Schedule but subject to all other provisions of this policy. Benefits shall be paid according to the provisions of this policy. All benefits for the Insured will reduce to 75% of the Amount of Insurance on the date the Insured reaches attained age 65, to 50% at attained age 70, and to 25% at attained age 75. Coverage terminates at attained age 80.

**Common Carrier Death Benefit**

The amount of this benefit is the same as the Insured Benefit shown on the Schedule. It will be paid in addition to the Insured Benefit upon receipt of due proof that the following conditions have been met:

- 1. a death benefit must be payable under the terms of the policy; and
- 2. the accident causing the injury must occur while riding as a fare-paying passenger in or on a licensed public conveyance operated by a common carrier on its regularly scheduled route.

**Exclusions**

We will not pay a benefit for a death which is caused by, results from, or is contributed to by:

- 1. suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane;

- 2. declared or undeclared war or any act of war;
- 3. injury sustained while performing military duty or active service;
- 4. participating in a riot;
- 5. committing a felony;
- 6. sickness or its medical or surgical treatment, including diagnosis or any bacterial infection except through a wound accidentally sustained;
- 7. operating or riding in any kind of aircraft except as a fare-paying passenger on a commercial flight;
- 8. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
- 9. alcoholic intoxication (as defined in the state where the accident occurred);
- 10. taking of any drug, medication, narcotic or hallucinogen unless as prescribed by a physician;
- 11. operating a mechanical device or motor vehicle while intoxicated (as defined in the state where the accident occurred); or
- 12. riding in or driving any type of motorized vehicle in any kind of speed contest.

**Claim Provisions**

**Proof of Death:** Upon the Insured's accidental death, written notice should be provided to us. This notice should include the name of the Insured, the policy number, and a certified death certificate. We reserve the right to require the completion of a claim form and other reasonable documentation to establish the cause of death. We also reserve the right, subject to any legal prohibitions, to require an autopsy to help establish the cause of death. Unless otherwise limited by law, claims not submitted within one year of the Insured's death are void.

**Payment of Claim:** Benefits will be paid according to the provisions of this policy as soon as we receive proper written proof of the Insured's death. Payment made by us in good faith shall fulfill our entire obligations under this contract.

**Time Limits of Payment of Claims:** Payment on valid claims are typically made within 45 days. Valid claims not paid in that period will be increased by interest at 1½% per month until finally settled. If we do not pay when due, you may bring action to recover such benefits and any other damages.

**Termination of Coverage**

The coverage provided by this policy shall terminate on the **earliest** of the following:

- 1. When a premium due has not been paid by the end of the grace period.
- 2. When we receive written notification from you that you wish to terminate this policy.
- 3. When the Insured reaches attained age 80.

**Entire Contract**

This policy, with its endorsements and any attached Schedules and applications, shall represent the entire contract between you and us. No change in this policy will be effective until it is approved by one of our officers. This approval must be noted on or attached to this policy.



Farmers New World Life Insurance Company  
Mercer Island, WA 98040

Date: 7/16/07	Size: 8-3/8" x 14"	<input type="checkbox"/> OK	ReMark
Product: FNW26 - AD AUTO	File Set @: 100%	<input type="checkbox"/> OK WITH CORRECTIONS	
Component: Schedule/Policy Form — General States "I" - BACK	Colors: PMS 485 Red, 280 Blue, Black	Signature _____ Date _____	
Mail States: AL,AR,CO,IA,IN,MI,ND,NE,OH,WY	Paper Stock: White Offset, 60#		
PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE			